

IN RE: : CASE NO. 18-11313(TPA)  
VIRGINIA D. HETRICK, :  
Debtor. : CHAPTER 13  
\_\_\_\_\_  
ONE FEDERAL CREDIT UNION, : Related to Claim No. 1  
Movant, :  
v. :  
NO RESPONDENT, :  
Respondent. : JUDGE AGRESTI  
\_\_\_\_\_

**REQUEST TO RESTRICT PUBLIC ACCESS TO CLAIM**

Pursuant to W.P.A.LBR 9037-1 and understanding that the redaction of any information other than the identifiers specifically enumerated in Fed. R. Bankr. P. 9037 requires a separate motion and Court approval, under penalty of perjury, the **UNDERSIGNED HEREBY CERTIFIES** that:

1. ONE Federal Credit Union filed a proof of claim, Claim No. 1 in the above-captioned case on January 8, 2019 which contains one or more of the identifiers enumerated in Fed. R. Bankr. P. 9037.

2. On April 21, 2022, ONE Federal Credit Union filed an amended claim on the claims register in compliance with W.P.A.LBR 3002-2(a), a copy of which is attached hereto, and the only change made to the original claim is the redaction of personal identifiers.

3. I am requesting that the Court take whatever steps are necessary to restrict public access to the unredacted claim.

Date: April 21, 2022 Signed: /s/ Nicholas R. Pagliari  
On behalf of: ONE Federal Credit Union  
Name of Creditor  
Nicholas R. Pagliari, Esq.  
Name of Filer - Typed  
100 State Street, Suite 700, Erie, PA 16507  
Address of Filer  
npagliari@mijb.com  
Email Address of Filer  
(814) 870-7754  
Phone Number of Filer  
Pa. Supreme Court ID No. 87877  
Bar I.D. and State of Admission

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re: ) CASE NO. 18-11313(TPA)  
VIRGINIA D. HETRICK, )  
 )  
 )  
Debtor ) CHAPTER 13

**AMENDMENT TO CLAIM NO. 1  
FILED BY ONE FEDERAL CREDIT UNION**

The amendments are as follows:

1. Changed Item 4 to indicate this as an Amended Claim;
2. Changed signature section to indicate that the claim is being filed by the Creditor's Authorized Agent instead of the Creditor;
3. Added an Itemized Statement of Claim;
4. Added Exhibit Labels to Exhibits;
5. Redacted Personal Identifiers on Exhibits; and
6. Added a Certificate of Service.

Fill in this information to identify your case:

Debtor	<u>Virginia D. Hetrick</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF PENNSYLVANIA</u>
Case number (if known)	<u>18-11313</u>

**Official Form 410  
Proof of Claim**

4/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<b>ONE Federal Credit Union</b> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <b>Meadville Area Federal Credit Union</b>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	<b>ONE FCU 300 Arch St Meadville, PA 16335</b> Name, Number, Street, City, State & Zip Code	Where should payments to the creditor be sent? (if different)	Name, Number, Street, City, State & Zip Code
	Contact phone <b>814-336-2794 ext 232</b>	Contact phone _____	
	Contact email <b>ahefner@onefcu.com</b>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <b>1</b>		Filed on <b>1/8/2019</b>
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <b>6150</b>
7. How much is the claim?	\$ <b>13,207.76</b> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
<b>Money Loaned</b>	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	 <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	 <b>Value of property:</b> \$ _____
	 <b>Amount of claim that is secured:</b> \$ _____
	 <b>Amount of claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	 <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____
	 <b>Annual Interest Rate</b> (when case was filed) <b>0</b> % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

No  
 Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | Amount entitled to priority  |
|--|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____  |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____  |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____  |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____  |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. \$ _____  |

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- I am the creditor.  
 I am the creditor's attorney or authorized agent.  
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date April 21, 2022  
 MM/ DD / YYYY

/s/ Aaron T. Hefner

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Aaron T. Hefner</u>	
Title	<u>Member Solutions</u>	
Company	<u>ONE FCU</u>	
Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>300 Arch St Meadville, PA 16335</u>	
Number, Street, City, State and Zip Code		
Contact phone	<u>814-336-2794 ext 232</u>	Email <u>ahefner@onefcu.com</u>

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re: ) CASE NO. 18-11313(TPA)  
VIRGINIA D. HETRICK, )  
 )  
 )  
 )  
Debtor ) CHAPTER 13

**ITEMIZED STATEMENT OF CLAIM**

Account No. xxxx6150

Principal:	\$ 12,920.52
Interest to December 28, 2018:	263.95
Late Fees:	<u>23.29</u>
TOTAL:	\$ <u>13,207.76</u>

/s/ Aaron T. Hefner

Aaron T. Hefner, Member Solutions  
ONE Federal Credit Union  
300 Arch St  
Meadville, Pa 16335

**FIS ClientLink™**

**Account Chargeoff**

Customer Service

Chargeoff Request

Chargeoff Code

- 01 - Reverse Chargeoff
- 02 - Pending Chargeoff

Pending Chargeoff Only

Chargeoff Days

Reclass Code

Bill Code

NOFINCHG - NO FINANCE CHARGE BILING CODI



Chargeoff Results

Chargeoff Code

0

Bik/Reclass

C

Balance

\$13,207.78

Past Due

\$255.29

Chargeoff Days

000

Type Processing

10

Principal

\$12,920.52

Bill Code

RBLVARTA

Unpaid Finance Charges

\$263.95

Unpaid Late Fees

\$23.29

Unpaid Fees

\$0.00

Unpaid Non-Accruing Fees

\$0.00

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**FNIS ClientLink™**

Module Acct Inquiry Acct Maintenance Workflow Help

To Acct [REDACTED] Customer Service

Previous Acct

General Cardholder Information

Corp 081372 [REDACTED]

Name1 VIRGINIA HETRICK

MM Name

Main	Stmts	Online Access	CTD Bal	Credit
Payment Options	Secured	Loyalty	Misc	
Terms				
Y-T-D F.C. Amt	\$0.00			
Last Year F.C. Amt	\$881.21			
Card Fee Ind	A			
Next Card Fee Date (MM/CCYY)	12/2019			
Last Card Fee Date (MM/DO/CCYY)				
Unpaid Annual Fee	\$0.00			
Finance Charge Ind	Y			
Waive Cash Advance Fee	<input type="checkbox"/>			
Waive Late Charge	<input type="checkbox"/>			
Waive Overlimit Fee	<input type="checkbox"/>			

Search Locate Workflow Acct Summ Print

Name2 [REDACTED]

City MEADVILLE

MAD PD2 XPRD N1/N2 SSI 000-00-0000 St/Ctry PA Postal 16335-2012

Terms	CH Info	Disputes	Transfer	Plastics	Lost/Stolen	Delinquency
Related Info	Business Card		History		Institution	Home Equity
Average Bill Days	20					Fin Chrg Sum
Bill Code	RBLVARTA					Fin Chrg Inq
Bill Code Description	PRM + 3.00% APR					Send Letter
Bill Code Date (MM/DD/CCYY)	11/24/2014					Add Memo
Notified Bill Code						Card Fee Chg
Notified Bill Code Description						Stmt Group Chg
Effective Notified Date (MM/DD/CCYY)						Bill Chg
Unconsented Bill Code						Product Chg
Unconsented Bill Code Description						Type Proc Chg
Account Terms ID						Fee Waiver Chg
Account Terms ID Description						Terms ID Chg
Prev Account Terms ID						
Prev Account Terms ID Description						
Acct Terms Chg Date (MM/DD/CCYY)						

Fin Chrg Sum  
Fin Chrg Inq  
Send Letter  
Add Memo  
Card Fee Chg  
Stmt Group Chg  
Bill Chg  
Product Chg  
Type Proc Chg  
Fee Waiver Chg  
Terms ID Chg

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**FIS ClientLink** Customer Service

Payment History [REDACTED] -3447) - VIRGINIA HETRICK

Corp #81372 Account [REDACTED] 3447 Product VPL500 Payoff Date (MM/DD/CCYY) Current Balance  
Name VIRGINIA HETRICK MM/DD/CCYY Finance Charge  
Address 933 B STREET Payoff Amount

Calculate

MEADVILLE PA 16335-2012

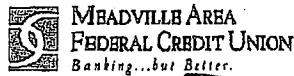
Cycle Date (MM/DD/YY)	Total Pay Due	Amount Paid	Delq Amount	Days Delq	Due Date (MM/DD/YY)	Post Date (MM/DD/YY)	Tran Date (MM/DD/YY)	TC/RC
CURREN	-\$6.71		null			12/17/18	12/17/18	65/00
12/09/18	\$394.00	\$262.00	30	01/03/19				
11/08/18	\$262.00	\$131.00	5	12/03/18				
10/09/18	\$131.00	-\$131.00	0	11/05/18	09/25/18	09/25/18	09/25/18	65/00

NO CURRENT PAYMENTS

Close

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VISA Credit Card Application

Please Check:  Classic or  Platinum

Check below to indicate the type of credit in which you are applying. Married applicants may apply for a separate account.

**Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse. If: (1) you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each applicant must individually complete the appropriate section below. If Co-borrower is spouse of the applicant, mark the Co-Applicant box. **Guarantor:** Complete the Other section if you are a guarantor on an account/loan.

Opt for credit life information

**Applicant**

Virginia Fletcher

Name

Acct #

Driver's License # / State

Social Security #

Email Address

332-0690

Birth Date

Home Phone

Business Phone

1000 Charlton St, Meadville PA

Present Address (street, city, state, zip) Length of Residency

\$ 575/mth rent

Mortgage Balance Monthly Payment Interest Rate

COMPLETE FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

Married  Separated  Unmarried (single, divorced, widowed)

Employment/Income Start Date 2013

C&J's

Name/Address of Employer

Name/Address of Employer

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

Employment Income

\$ \_\_\_\_\_ Per \_\_\_\_\_  
 Net  Gross

Other Income

\$ \_\_\_\_\_ Per \_\_\_\_\_  
Source: \_\_\_\_\_

Please answer the following questions:

- 1) Do you have any outstanding judgments?  Yes  No
- 2) Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under Chapter 13?  Yes  No
- 3) Have you had property foreclosed upon or repossessed in the last 7 years?  Yes  No
- 4) Are you a party in a lawsuit?  Yes  No
- 5) Are you other than a U.S. Citizen or permanent resident alien?  Yes  No
- 6) Is your income likely to decline in the next two years?  Yes  No
- 7) I agree to the application fee associated with this loan. (This fee will be deducted from your regular share account).  Yes  No

Applicant Reference \*Must live at a different residence

Mark Sisco

Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

333-1447 or 724-

Phone #

Friend

Relation

Referred By

Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #

Relation

Referred By

#### State Law Notices

**Ohio Residents Only:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Wisconsin Residents:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement, or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature For Wisconsin Resident Only: \_\_\_\_\_ Date: \_\_\_\_\_

#### Signatures

- 1) You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make decisions. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.
- 2) You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

Virginia D. Helrich 11/21/14

Applicant's Signature

Date

Other Signature

Date

VISA BALANCE TRANSFER

I authorize Meadville Area Federal Credit Union to cash advance my Visa Platinum Card for \$ 8704.32

VISA Platinum Card Number: [REDACTED]

Balance Transfer Amount: \$ 8,704.32

Virginia D Hetrick  
Member's Signature

Date

Phone Number

11-25-14-332-0690

Virginia D Hetrick  
Member's Printed Name

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re: ) CASE NO. 18-11313(TPA)  
VIRGINIA D. HETRICK, )  
Debtor )  
 ) CHAPTER 13

**CERTIFICATE OF SERVICE OF AMENDED PROOF OF CLAIM**

I certify under penalty of perjury that I served the above-captioned pleading on the parties at the addresses specified below or on the attached list on April 21, 2022.

The types of service made on the parties were: first-class mail or electronic notification.

If more than one method of service was employed, this certificate of service groups the parties by the type of service.

**SERVICE BY FIRST CLASS MAIL:**

Virginia D. Hetrick  
953 B Street  
Meadville, PA 16335  
Debtor

**SERVICE BY ELECTRONIC NOTIFICATION:**

Kenneth M. Steinberg, Esq.  
Steidl & Steinberg  
Suite 2830 Gulf Tower  
707 Grant Street  
Pittsburgh, PA 15219  
Counsel for Debtor  
**(via e-filing only to**  
**julie.steidl@steidl-steinberg.com)**

Ronda J. Winnecour, Esq.  
Suite 3250, USX Tower  
600 Grant Street  
Pittsburgh, PA 15219  
Chapter 13 Trustee  
**(via e-filing only to**  
**cmevf@chapter13trustee.wdpa.com)**

Joseph S. Sisca, Esq.  
Office of the United States Trustee  
1001 Liberty Avenue, Suite 970  
Pittsburgh, PA 15222  
**(via e-filing only to**  
**ustpregion03.pi.ecf@usdoj.gov)**

Brian Nicholas, Esq.  
KML Law Group, P.C.  
701 Market Street  
Suite 5000  
Philadelphia, PA 19106  
Counsel for The Bank of New York Mellon  
f/k/a The Bank of New York, as Trustee  
(CWABS 04-00006)  
**(via e-filing only to**  
**bnicholas@kmllawgroup.com)**

/s/ Nicholas R. Pagliari

Nicholas R. Pagliari  
Pa. Supreme Court ID No. 87877  
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E-mail: npagliari@mjb.com  
Attorneys for ONE Federal Credit Union

Dated: April 21, 2022

#1744728